

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214547174</b>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>ROTH BROS., INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATE CREATIONS NETWORK INC.</b>  <b>6802 PARAGON PLACE #410</b>  <b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>OH</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2014</b></p> <p>SCC ID NO: <b>F0360489</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td>1,000</td> </tr> <tr> <td>COMB</td> <td>1,000</td> </tr> <tr> <td>PREFER</td> <td>1,000</td> </tr> </tbody> </table> </div> </div>			CLASS	AUTHORIZED	COMA	1,000	COMB	1,000	PREFER	1,000
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COMB	1,000									
PREFER	1,000									
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 3847 Crum Rd</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Youngstown, OH 44515</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL BELAIR  TITLE: PRESIDENT  ADDRESS: 9801 WASHINGTONIAN BLVD  CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAUL BELAIR TITLE: PRESIDENT ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR					
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NAME:	CHRIS JANNES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9801 WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		
NAME:	STEPHEN P KONEVAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC. VP		
ADDRESS:	3847 CRUM RD		
CITY/ST/ZIP/CO:	YOUNGSTOWN, OH 44515		
NAME:	OLIVIER POIROT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9801WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		
NAME:	PHIL ROGERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9801WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		
NAME:	RICAHRD M WARDLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	3847 CRUM RD		
CITY/ST/ZIP/CO:	YOUNGSTOWN, OH 44515		
NAME:	MICHAEL A. WARDLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3847 CRUM RD		
CITY/ST/ZIP/CO:	YOUNGSTOWN, OH 44515		
NAME:	MARC BLASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9801WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		
NAME:	PAUL BROCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	9801WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		
NAME:	MICHAEL LEVENTHAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	9801WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		
NAME:	SCOTT ROBINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9801WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		
NAME:	GEROGE CHAVEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9801 WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ SCOTT ROBINS	SCOTT ROBINS, SECRETARY	10/23/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		